



Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print name as it appears on your driver's license)

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State) (Zip)

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

T-Shirt Size: AL AXL 2XL

Child's name: \_\_\_\_\_

Child's birth date: \_\_\_\_\_

SPORT: \_\_\_\_\_ PARK/AREA \_\_\_\_\_ Age Group: \_\_\_\_\_

Do you prefer to be a "Head Coach" or an "Asst. Coach"?: \_\_\_\_\_

Years you have been a "Head Coach" in youth programs (BB/SB,FB,Soccer,Lax,BsktBall): \_\_\_\_\_

Years you have been a "Asst. Coach" in youth programs (BB/SB,FB,Soccer,Lax,BsktBall): \_\_\_\_\_

Coaching Experience outside of BPRD Programs: \_\_\_\_\_

Other experience, qualifications, &/or references: \_\_\_\_\_

Please list any experience and/or references that will assist our staff in evaluating your application: \_\_\_\_\_

Are you willing to consent to a Background Check?: \_\_\_\_\_

By volunteering as a coach, all participants agree to abide by the BPRD Code of Conduct. Failure to abide by the Code of Conduct may jeopardize yours and/or your child's opportunity to participate in any BPRD's athletic programs.

Signature \_\_\_\_\_

Mail to: Brookhaven Parks & Recreation  
3360 Osborne Road NE, Brookhaven 30319  
ATTN: Athletic Manager

Fax to: 404-637-0515

Email: Taylor Davis – [taylor.davis@brookhavenga.gov](mailto:taylor.davis@brookhavenga.gov)